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AUTHOR(S):

Tanaka, Yuriko

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Special Topic 1: The A-bomb and Medical History

Introduction: The A-bomb and Medical History

Yuriko TANAKA

This special section focusing on the history of the atomic bomb was conceived at workshop we, Shi Lin Loh, Ran Zwigenberg, Nakao Maika and Tanaka, held together at the Kyoto University Institute for Research in Humanities, on June 19, 2017, in collaboration with research seminars “A Perspective on Umesao Studies” and “Exploring Life and Creativity: The Studies of Umwelten.”¹

The invention of the atomic bomb and its actual use in World War II have involved divergent historical consequences in our contemporary world, which we would not be able to explain with only traditional logic or factors intrinsic to scientific (i.e. “internal”) activities, or other social, political, or economic (i.e. “external”) reasons. In our workshop, we aimed to focus on the new “clinical setting” that emerged in the aftermath of the atomic bombings of Hiroshima and Nagasaki in 1945. With this historical setting, we questioned how people, medical specialists as well as victims or sufferers themselves, should react toward such unexpected situations. Unknown diagnoses and pathologies originated there, and medical doctors and researchers, who worked in the bombed area, were all forced to search for unprecedented practices for coping with these unfamiliar circumstances. Sufferers and survivors experienced agonies literally beyond imagination, which were, in many cases, met with reactions and explanations generated by misunderstanding or denial.

In this special section, Loh’s paper tracks how the definition of *hibakusha* was constructed and re-constructed through a tortuous historical process, especially after the 1950s. There, medical, juridical, and political discourses have always been deeply entangled and associated with each other. Zwigenberg’s paper discusses that, in pre- and postwar Japan, there was firm opposition against the idea of psychological effects of destructive experiences

Yuriko TANAKA is Program-Specific Associate Professor at the Hakubi Center for Advanced Research, Kyoto University. E-mail: tanaka.yuriko.4v@kyoto-u.ac.jp

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causing post traumatic disorders in survivors. This history of cultural and institutional denial led to the persistent lack of treatment for those suffering, resulting in the continued torture of *hibakusha* survivors. Nakao's paper examines medical records written and gathered in Hiroshima and Nagasaki after the atomic bombings and argues that different standpoints and purposes were intermixed among those documents' developments. Those medical records tell us how new systems of medical interpretations and practices were gradually shaped, after a term of perplexity and ambivalence deeply in connection with the complexity of the social demands or political limitations surrounding them. Tanaka's short essay follows the three papers, as a comment inspired by them and the workshop.

For the record, I would like to reproduce the presentation which Ran Zwigenberg wrote for the workshop:

The dropping of the atomic bomb on Hiroshima and Nagasaki have led to unprecedented hurt and damage among the affected population. The event also, however, opened new avenue in medical research. The first and most important of which was, of course, the study of radiation and its impact on human bodies, but, as Susan Lindee and others have shown, research done in Hiroshima and Nagasaki by Japanese, American and other doctors had enormous impact on the study of genetics and other scientific fields. Focusing on the three fields of radiation studies (Nakao Maika & Shi Lin Loh), biology (Tanaka Yuriko) and psychiatry (Ran Zwigenberg), our three speakers will analyze the impact of the A-bomb on the history of medicine and the ways research in Japan effected and was entangled with research oil radiation and related phenomena worldwide.

In the body of the text in this special section, Japanese names are basically cited following the conventional order, namely, the family name first and the given name second. In cases where Japanese authors put their names in the Western name order for publication, we follow the order adopted in the original literature.